



भारतीय जीवन बीमा निगम  
Life Insurance Corporation of India

F. No. 3815(Rev)

(To be stamped Rs. \_\_\_\_\_ At the stamp  
office or Collector's Office BEFORE EXECUTION or to be  
copied out on a non-Judicial stamped Paper of equal value.

To all to whom these present shall come \_\_\_\_\_

\_\_\_\_\_ of  
(Name of all Payees & Surety)

\_\_\_\_\_  
(Name of all residence of Payee/s)

\_\_\_\_\_ inhabitants send Greetings

where a Policy of Insurance Numbered \_\_\_\_\_ for Rs. \_\_\_\_\_

was granted on \_\_\_\_\_ by the Life Insurance Corporation of India, established by the

Life Insurance Corporation Act 31 of 1956 (hereinafter referred to as the Corporation ) on the life

of \_\_\_\_\_

(Name of Policyholder)

and WHEREAS \_\_\_\_\_ which was in

(Policy No. or Assignment Deed Dated)

Possession of \_\_\_\_\_ has been lost or misplaced

(Name of Policyholder)

and whereas the said Corporation has on the said \_\_\_\_\_

\_\_\_\_\_  
(Name of all Payees & Surety)

undertaking to enter into the said Corporation a covenant of the nature hereinafter appearing agreed to pay to the said \_\_\_\_\_

(Name or Name of Payee/s)

\_\_\_\_\_ the value of the said Policy viz. Rs. \_\_\_\_\_ now know ye and these presents witness that in pursuance of the said agreement and in consideration of the said Corporation having agreed to pay the value of the said Policy to the said \_\_\_\_\_

(Name or Name of Payee/s)

(the receipt whereof is hereby acknowledged) they the said \_\_\_\_\_  
(Name or Name of Payee/s & Surety)

\_\_\_\_\_ their heirs, executors or administrators will from time to time and at all times save and keep harmless and indemnified the said Corporation its successors and assignees of and from all actions, suits, costs claims and demands of whatever nature and kindsoever which may be instituted, preferred claimed or made against the said Corporation, its successor or assignees by any persons or person by reason of his, her, their possession of or right to the said original

[ Pol. No. or Assignment Deed Dated]

by reason of anything in relation to the premises.

In witness whereof the said \_\_\_\_\_  
(Names of Payee/s & Surety)

have hereunto put their hands at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
Signed and delivered by the said \_\_\_\_\_

(Names of Payee/s & Surety)

In the presence of :

W I T N E S S E S	1) Full Signature of witness _____	1) _____ Signature
	Designation : _____	2) _____ Signature
	Address : _____	
	2) Full Signature of witness _____	Signature of Surety _____
		Designation : _____
	Designation : _____	Address: _____
	Address : _____	_____
	_____	
	_____	
	_____	

*Note : If this Bond is signed in Vernacular one of the attesting witnesses should be requested to certify that the contents of this Bond were explained to the party in vernacular before execution. Illiterate Persons must affix their thumb impression which should be attested by Magistrate S.E.M. A Gazetted officer, a Block Development Officer or Class 1 Officer of the Corporation Provided He is fully satisfied about the identify of the claimant*